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** CONTINUING DATA ***** *<none> Rm*

** FOREIGN APPLICATIONS ***** *<none> R*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Rm</i> Initials | STATE OR COUNTRY MI | SHEETS DRAWING 2 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 2 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Body state estimation of a vehicle

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| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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